

FA 3172

112333

CERTIFICATE OF DEATH  
FLORIDA

RETURN TO:  
FIRST AMERICAN TITLE INS. CO.  
5265 COMMERCE DR. SUITE 1  
CROWN POINT, IN 46807

LOCAL FILE NO. 74

DECEDENT—NAME FIRST MIDDLE LAST SEX CROWN POINT, IN 46807

1. ALICE R. SAUER 2. Female 3. Jan. 24, 1987

RACE—e.g. White, Black, Am. Indian, etc. (Specify) 4. White AGE—Last Birthday (Yrs) 5a. 91 UNDER 1 YEAR 5b. MOS. UNDER 1 DAY 5c. HOURS MINS. DATE OF BIRTH (Mo., Day, Yr.) 6. June 29, 1895 COUNTY OF DEATH 7a. Hernando

CITY, TOWN OR LOCATION OF DEATH 7b. Brooksville HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. 14265 Oaklawn Ave. IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient (Specify)) 7d.

STATE OF BIRTH (If not in U.S.A., name country) 8. Illinois CITIZEN OF WHAT COUNTRY 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married SURVIVING SPOUSE (If wife, give maiden name) 11. William M. Sauer

SOCIAL SECURITY NUMBER 12. 320 30 7143 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Practical Nurse KIND OF BUSINESS OR INDUSTRY 13b. Nursing

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

14a. Florida 14b. Hernando 14c. Brooksville 14d. 14265 Oaklawn Ave. 14e. No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Anthony Hess 16. Mary N/A

INFORMANT—NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

17a. William Sauer 17b. 14265 Oaklawn Ave. Brooksville, Fl. 33512

BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Removal/Burial CEMETERY OR CREMATORY—NAME 18b. Memorial Gardens LOCATION 18c. Kankakee, Ill CITY OR TOWN STATE

FUNERAL DIRECTOR—(Signature) 19a. Charles P. Sauer 19b. 1133 510 E. Liberty St. Brooksville, Fl. 33512 IF FUNERAL HOME PRESS

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Michael Hall, M.D. 21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Michael Hall, M.D.

DATE SIGNED (Mo., Day, Yr.) 20b. Jan. 26, 1987 HOUR OF DEATH 21b. 4:22 PM HOUR OF DEATH 21c. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 20d. the Lake County Recorder! PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON PRONOUNCED DEAD (Hour) 21e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print) 22. Dr. Michael Hall/621 W. Jefferson, St., Brooksville, Fl. 33512

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

23a. (Signature) Nancy A. Spring 23b. January 26, 1987

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART (a) Carcinoma of the Stomach Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF: (Condition(s) which gave rise to cause (a) — List underlying cause last) Interval between onset and death

(b) Interval between onset and death

(c) Interval between onset and death

PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART (a) PART IN IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes or No) YES  NO  AUTOPSY (yes or no) 25. NO CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 26. NO

(Probably) ACCIDENT, SUICIDE or HOMICIDE; or UNDETERMINED (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

27a. INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO.

27b. 27c. 27d. 27e. 27f. 27g.

TYPE OR PRINT PERMANENT BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

HRS Form 512, Jul 84 (Obsoletes previous editions as of 12-31-84)

Hammond Realty Co's Add  
lot 9 + W2 of lot 10  
Key # 34-22-11 unit # 26

NOT VALID  
UNLESS RAISED  
SEAL AFFIXED

FILED

JUL 18 1990

Anna N. Anton  
AUDITOR LAKE COUNTY

CERTIFICATION

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE HERNANDO COUNTY HEALTH DEPT. AT BROOKSVILLE, FLORIDA

DATE 3/23/87 James M. Steen M.D.  
COUNTY HEALTH OFFICER & REGISTRAR

Bernestine Smith 6.00  
DEPUTY LOCAL REGISTRAR

STATE OF INDIANA S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
JUL 11 10 58 AM '90  
ROBERT "BEN" FREELAND  
RECORDER

001083